

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)

SERIAL NO. 743662  
APPLICANT(S)

FILING DATE

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3			/				53						
4			/				54						
5			/				55						
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46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.			/				TOTAL IND.						
TOTAL DEP.			/				TOTAL DEP.						
TOTAL CLAIMS			/				TOTAL CLAIMS						